DOCUMENT RESUME

ED 370 262 EC 301 942

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TITLE Interventions To Promote Social Skills and Emotional Development: DEC Recommended Practices.
PUB DATE 93
NOTE 8p.; In: DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families, see EC 301 933.
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Disabilities; Early Childhood Education; *Early Intervention; Educational Assessment; *Educational Practices; *Educational Quality; Emotional Development; *Interpersonal Competence; Program Development; *Social Development; Special Education; Special Needs Students
IDENTIFIERS Council for Exceptional Children

ABSTRACT

This paper lists practices recommended by the Council for Exceptional Children's Division for Early Childhood concerning the promotion of social skills and emotional development in early intervention and early childhood special education programs for infants and young children with special needs and their families. An introductory section points out that the first set of recommended practice indicators addresses adult-infant interaction, as it is assumed that adults are the primary and most important social partners of children under 3 years. As children grow, peer interactions become increasingly more important, and the second set of recommended practice indicators addresses supporting peer interaction. Fifteen recommended practices are then listed, covering parent-infant interaction (birth through 2 years) and peer social interaction (3 to 5 years). The practice indicators recommend that opportunities be provided for young children with disabilities to develop social competence across a variety of settings with parents, grandparents, brothers and sisters, other family members, peers with and without disabilities, or others, and when necessary, that intervention be provided to enhance this development. (JDD)

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ED 370 262

Interventions to Promote Social Skills and Emotional Development

Mary A. McEvoy and Paul Yoder

Few people believe that babies intend to communicate with adults immediately after birth. When babies first interact in meaningful ways with others, their behavior is meaningful primarily because the partner interprets the behavior as such. Because most of the majority of the responsibility for the communicate exchange is held by the partner, adults tend to be more effective social partners with babies than do other babies or young children. For example, babies are much more likely to use gestures and other clear ways of communicating with adults than with peers (Bakeman & Adamson, 1984). Therefore, it is assumed that adults are the primary and most important social partners of children under three years. With this in mind, the first set of "Recommended Practice Indicators" in this section addresses adult-infant interaction. As children grow, peer interactions become increasingly more important. Therefore, the second set of Recommended Practice Indicators primarily addresses supporting peer interaction.

Caregiver-Infant Interaction (Birth through Two Years)

Parents are their babies' first and primary social partners. Parents are also their babies' first teachers about what it is like to play and communicate with others. Parents' lessons about social interaction may be positive or negative. They can teach children that interacting is an emotionally rewarding experience or that social interaction can be dangerous

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EC 301942

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to their well-being. Mothers often gaze lovingly into the eyes of her baby. Such interactions may teach children that being with mother is rewarding. However, in some homes, many situations between parents and children can be quite scary to the children. Such interactions may cause children to avoid contact with people who might hurt them.

Children's well-being is dependent in large part on the well-being of their parents. When parents are upset or stressed, they are less likely to interact with their children in ways that help children develop socially and emotionally (Crnic, Greenberg, Ragozin, Robinson & Basham, 1983; Crnic, Greenberg, & Slough, 1986; Dunst & Trivette, 1986; Weinraub & Wolf, 1983). During stressful times, they may not be able to find time, energy, or genuine joy in playing with their children.

Professionals can provide services that enhance the well-being of families. In doing so, professionals indirectly and directly enhance the social development and emotional well-being of children. Support to families is directly relevant to the recommended practices in this section. First, as one option on a menu of services, professionals can offer support in learning ways of interacting with children that fosters development. Second, professionals can offer center-based educational services for the child with disabilities. In addition to other advantages of center-based programs, they can provide reliable, temporary respite from the burdens of child care which may free parents to address other pressing needs.

Whether it is a teacher or a parent who is interacting with children, there are certain ways of playing and talking that results in accelerated development of social and communicative skills. The strategies reflected in the recommended practice indicators help children play with adults and toys for longer periods of time (Yoder, 1990). Persistent

playing with a single activity or toy may help children learn more about what to do with objects, have more motivation to communicate to adults about objects and activities of interest, and have more to "say" to adults about the world around them. Responding to children's behavior that indicates interest and disinterest may help children learn how to communicate with adults in clear and conventional ways (Harding, 1983). Children probably learn best from playing with adults when the interactions are fun or at least not distressing (Bloom & Capatides, 1987). Finally, when children's physical position during play makes it easy for them to see the adult's face and to play with objects, communication with adults is enhanced.

Peer Interaction (Three through Five Years)

As children grow older, interaction with peers becomes important. Participation in interactions is a critical developmental milestone for children, and for most children, this develops rapidly during the preschool years. Unfortunately, many children with disabilities do not learn to interact simply by playing with other children. As professionals and parents, it is often important for us to either directly or indirectly intervene to enhance the social competence of children with disabilities.

Researchers, practitioners, and parents have developed and evaluated a number of strategies that are designed to enhance child-child social interaction (McEvoy, Odom, & McConnell, 1992). First, these recommended practices include suggestions on ways to organize environments to promote interaction. For example, we know that children are more likely to interact if they are in proximity to other children, if there are other children in the setting that know how to interact, and if there are toys or materials available that children

can play with.

In addition, these practices include suggestions for ways that adults can facilitate interaction through the use of prompts and feedback. While the level of intervention may be different from child to child, it is clear from research that adults play a critical role in promoting child-child interaction. Of course, there is a fine line here. Adults must also know how to decrease their prompts and feedback so that children's interactions do not become dependent on such adult support. It is also important that professionals consider the behaviors that impede good social skills. For example, children who are overly aggressive or shy may need to be taught how to begin an interaction with a peer.

Finally, there is a strong emphasis on the importance of promoting social interaction skills outside of the preschool classroom setting. It is important that children learn to use their skills in new settings and with new peers. It is critical that interventions address this important issue of generalization and maintenance of skills.

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DEC Recommended Practices Interventions to Promote Social Skills and Emotional Development

Best practices in social/emotional development include opportunities for young children with disabilities to develop social competence across a variety of settings with parents, grandparents, brothers and sisters, other family members, peers with and without disabilities, or others, and when necessary, provide intervention to enhance this development. It is assumed that adults are the primary, though not exclusive, social partners who foster social development in the early years. From approximately three years of age and beyond, peers assume a greater role in fostering social development.

Parent-Infant Interaction (Birth through Two Years)

Unless it conflicts with the values of the primary caregivers, professionals encourage and support parents and other primary caregivers of a child to use the facilitative interaction style described in Items SE1-SE5.

SE1. During interactions, adults (a) interpret infants/children's behavior as meaningful, (b) respond contingently in positive ways, (c) allow children to withdraw briefly for the purposes of re-orienting to social interaction, (d) are nonintrusive, and (e) expect developmentally appropriate object manipulation and social interaction.

SE2. When infants/children struggle to do something slightly beyond their ability, adults suggest or demonstrate how to do what the child is attempting.

SE3. When infants/children remain unfocused and inactive for a sustained period, adults attempt to get children to interact with the adult or adult-selected object.

SE4. Adults and infants/children show mostly positive and/or neutral affect during faciliative interactions.

SE5. Professionals or parents appropriately position infants/children for easy access to objects and the adult interactor.

SE6. Family members (parents) are present for and, if appropriate, participate directly in the assessment of infants'/children's social/emotional development.

SE7. Professionals interpret assessment information on caregiver-child interaction as the result of the historical and immediate influence of caregiver and infants/children on each other.

Peer Social Interaction (Three to Five Years)

SE8. Professionals design play activities in which children participate in social interaction with other children and, at times, adults.

SE9. Professionals support children's appropriate initiations and/or responses that indicate their wish to

play with other children or adults.

SE10. Professionals provide opportunities for children to develop social skills such as turn-taking, sharing, cooperation.

SE11. Adults provide a postive, nurturing social environment that encourages individual participation and responds to individual social and emotional needs of children.

SE12. Professionals foster social interactions with other children that are happy and fun.

SE13. Professionals facilitate acceptance of children by peers.

SE14. Professionals assist children in learning to respond to (cope with) difficult social situations (e.g., physical aggression from another child, toy conflicts, multiple demands from peers) in an appropriate manner.

SE15. Professionals plan program activities to allow children to participate in social activities with the same children in multiple settings.